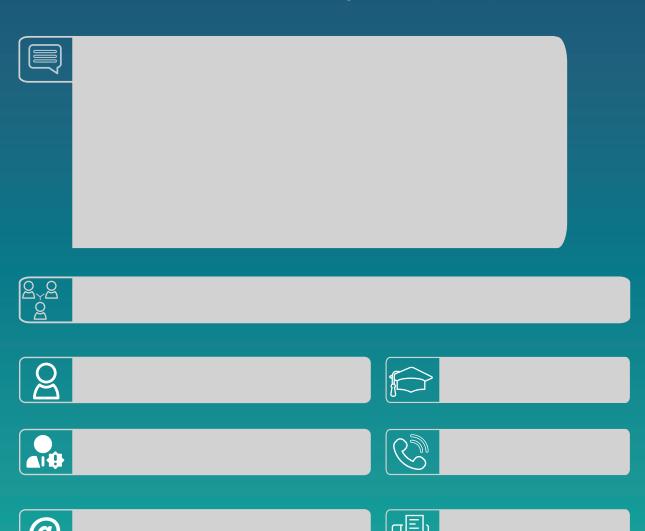
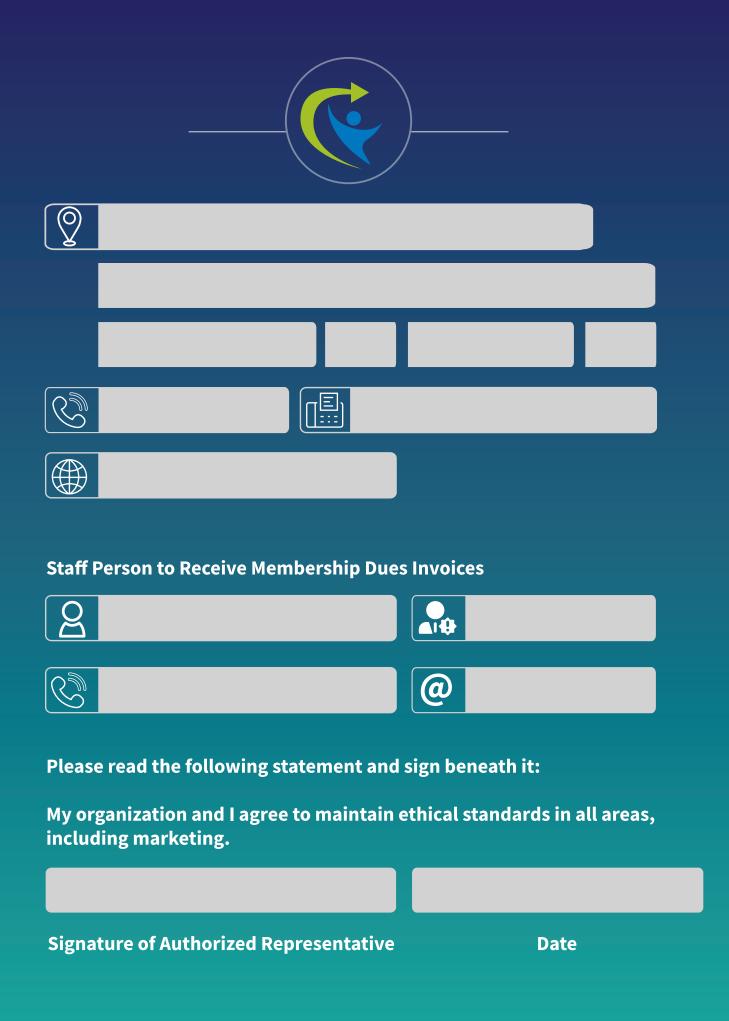


NJAMHAA MEMBERSHIP APPLICATION

We can begin the process of having your membership approved once we receive your completed application, completed dues worksheet, dues payment and a one-page description of your organization. You are welcome to also include a brochure. Please either send a check made out to NJAMHAA or indicate your plans to pay by credit card when you submit the application and dues worksheet. For a credit card payment, you will receive through e-mail a link to a secure web page to process the transaction. Please note that there will be a service charge incurred if you use your credit card.







Branches: (please use a separate sheet, if additional space is needed)

8	
Branches: (continued)	
8	
Branches: (continued)	
8	



Agency Type:

■ Hospital ■ Mental Health Only ■ In Vivo

■ Freestanding ■ Emergency Response ■ Residential

■ Addictions Only ■ Mobile Response ■ Comprehensive

Other Control of the Control of the

Organization is: ■ **Non-Profit** ■ **For-Profit**

Did a NJAMHAA member encourage you to apply for membership? If so, please provide his/her name, organization and contact information. Thank you.









Total Budget Size: (Includes all funds/revenues received for behavioral health and other related services (e.g., including intellectual/developmental disabilities), regardless of the source. Please refer to the Dues Worksheet and indicate the budget size below:

- **\$0 \$250,000**
- **\$250,001 \$500,000**
- **\$500,001 \$1,000,000**
- **\$1,000,001 \$2,000,000**
- **\$2,000,001 \$3,000,000**
- **\$3,000,001 \$4,000,000**
- **35,000,001** \$4,000,000
- **\$4,000,001 \$5,000,000**
- **\$5,000,001 \$6,000,000**
- **\$6,000,001 \$7,000,000**
- **57,000,001 \$8,000,000**
- \$8,000,001 \$9,000,000
- **\$9,000,001 \$10,000,000**
- **\$10,000,001 \$11,000,000**
- **\$11,000,001 \$12,000,000**
- **\$12,000,001 \$13,000,000**
- **\$13,000,001 \$14,000,000**
- **\$14,000,001 \$15,000,000**

- **\$15,000,001 \$20,000,000**
- **\$20,000,001 \$30,000,000**
- **\$30,000,001 \$40,000,000**
- **40,000,001 \$50,000,000**
- **\$50,000,001 \$60,000,000**
- **\$60,000,001 \$75,000,000**
- **575,000,001 \$80,000,000**
- **\$80,000,001 \$90,000,000**
- **\$90,000,001 \$100,000,000**
- **\$100,000,001 \$110,000,000**
- **\$110,000,001 \$120,000,000**
- **\$120,000,001 \$130,000,000**
- **\$130,000,001 \$150,000,000**
- **\$150,000,001 \$175,000,000**
- \$175,000,001 and over



Does the organization have contracts with the State of New Jersey?

(Please check all that apply.)

- Department of Children and Families
 - Division of Child Protection and Permanency
 - Division of Children's System of Care
 - Division of Family and Community Partnerships
 - **■** Division on Women
- Department of Community Affairs
- Department of Corrections
- Department of Education
- Department of Health
- Department of Human Services
 - **■** Division of Aging Services
 - Division of Developmental Disabilities
 - Division of Family Development
 - Division of Medical Assistance and Health Services
 - Division of Mental Health and Addiction Services
- Department of Labor
- Other

Is the organization licensed by any of the following? (Please check all that apply.)

- Department of Children and Families
 - Division of Child Protection and Permanency
 - Division of Children's System of Care
 - Division of Family and Community Partnerships
 - **■** Division on Women
- **■** Department of Community Affairs
- Department of Corrections
- Department of Education
- Department of Health
- **■** Department of Human Services
 - **■** Division of Aging Services
 - Division of Developmental Disabilities
 - **■** Division of Family Development
 - Division of Medical Assistance and Health Services
 - Division of Mental Health and Addiction Services
- **■** Department of Labor
- Other



Is the agency part of a larger organization (e.g., health system)? If so, give the larger organization's name and describe the relationship between the larger and smaller organizations (e.g., subsidiary):

Date of incorporation of your agency:

Is there a Board of Directors/Trustees: (If yes, please attach a list of members.)

- Yes
- No

Does the Board serve in a policy making role or an advisory role?

Has your organization ever been convicted of Medicaid/Medicare abuse or fraud?

- Yes
- No

If Yes, please explain

Have you or any of your key officers/board members been disbarred from professional practice?

- Yes
- No

If Yes, please explain



Describe your agency's purpose as stated in its bylaws:
Towns or counties served:
Please list 3 references:
How did you hear about NJAMHAA?
Accreditations: (e.g., The Joint Commission, Commission on Accreditation of Rehabilitation Facilities, Council on Accreditation, National Committee for Quality Assurance, Det Norske Veritas Inc.'s National Integrated Accreditation for Healthcare Organizations):

Thank you for applying for membership. We look forward to receiving your completed application along with your completed dues worksheet, payment and one-page description of your organization. You may also provide a brochure. If you have any questions, please contact Shauna Moses at 609-838-5488, ext. 204, or smoses@njamhaa.org.